



INVOKANA PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: Initial: 6 months; Repeat: 1 year

PA CRITERIA:

- ❖ Approvable for members 18 years of age or older with Type 2 diabetes mellitus
- ❖ Prescribers should submit documentation of hemoglobin A1c results within the past 3 months.
- ❖ Members must have had an inadequate response, allergy, contraindication, drug-drug interaction, or a history of intolerable side effects to metformin and either a thiazolidinedione or sulfonylurea.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.